

# TRANSMITTAL FORM

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First Named Inventor	Ryan Goosen
Group Art Unit	3737
Examiner Name	Parikha Solanki Mehta
Attorney Docket No.	14673-130US
Patent No.	Not applicable
Issue Date	Not applicable

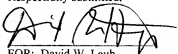
## ENCLOSURES (check all that apply)

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|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Check Attached Copy of Fee Transmittal Form<br><input type="checkbox"/> Amendment/Response<br><input type="checkbox"/> Preliminary<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Letter to Official Draftsperson including Drawings (Total Sheets <u>      </u> )<br><input type="checkbox"/> Petition for Extension of Time (1 month)<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Form PTO-1449<br><input type="checkbox"/> Copies of IDS Citations<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Sequence Listing submission<br><input type="checkbox"/> Paper Copy/CD<br><input type="checkbox"/> Computer Readable Copy<br><input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)<br><input type="checkbox"/> Formal Drawing(s)<br><input type="checkbox"/> Request For Continued Examination (RCE) Transmittal<br><input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> CD(s) for large table or computer program<br><input type="checkbox"/> Amendment After Allowance | <input type="checkbox"/> Request for Certificate of Correction<br><input type="checkbox"/> Certificate of Correction (in duplicate)<br><input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences<br><input type="checkbox"/> Appeal Brief (in triplicate)<br><input type="checkbox"/> Status Inquiry<br><input type="checkbox"/> Return Receipt Postcard<br><input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8<br><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)<br><b>Change of Correspondence Address</b> |
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## CORRESPONDENCE ADDRESS

Direct all correspondence to: PATENT ADMINISTRATOR  
 Proskauer Rose LLP  
 1001 Pennsylvania Ave., N.W.  
 Suite 400  
 Washington, D.C. 2004  
 Tel. No.: (202) 416-6800  
 Fax No.: (202) 416-6899  
 CUSTOMER NO: 61263

## SIGNATURE BLOCK

Respectfully submitted.  
  
 Date: October 23, 2007  
 Reg. No.: 38,708  
 Tel. No.: (202) 416-6800  
 Fax No.: (202) 416-6899  
 FOR: David W. Laub  
 BY: David J. Baltazar, Reg. No. 53,964  
 Attorneys for the Applicant(s)  
 Proskauer Rose LLP  
 1001 Pennsylvania Ave., N.W.  
 Suite 400  
 Washington, D.C. 20004